

NATIONAL ASSOCIATION OF CHRISTIAN ATHLETES/FORT BLUFF CAMP
370 Fort Bluff Camp Road ~ Dayton, TN 37321 ~ Office 423.775.0488 Fax 423.775.1968

HEALTH FORM

EVERYONE (Athletes, Coaches, and Onsite Lodging Guests) Must Have a Notarized Health Form

NAME _____

SCHOOL _____

HOME ADDRESS (CITY, STATE, ZIP) _____

EMAIL ADDRESS _____

PHONE NUMBERS (include AREA CODE)

HOME _____ BUSINESS _____ CELL _____ EMERGENCY _____

BIRTH DATE, IF UNDER 21 _____ PARENT(S)/GUARDIAN(S), IF UNDER _____

PLEASE CIRCLE YES OR NO (give details if necessary)

Allergic to any Medicine(s)	YES	NO	Asthma	YES	NO
Diabetic	YES	NO	Allergies (be specific and list)	YES	NO
Convulsive Disorder	YES	NO	Tetanus Shot Current	YES	NO

Any other medical problem we need to know about? Please list:

Doctor-prescribed medications you/your child will take while at tournament (list medications and dosage):

Make sure you/your child will have enough medication to last while at NACA. All medication to be checked by camp nurse upon arrival.
Special diet as prescribed by a doctor? YES NO If yes, specify:

Any exercise you/your child should not do? YES NO If yes, list:

Are you/Is child covered by insurance? YES NO (GIVE DETAILS...VERY IMPORTANT)

Insurance Company _____

Employee Name _____

Group Number _____ Policy Number _____

I/We agree to hold the National Association of Christian Athletes (NACA) and its agents harmless of any liability resulting from injuries or loss of property sustained by me/our child during any tournament function. I/We give consent for me/our child to receive medical treatment by a registered nurse or licensed physician when deemed necessary by the Tournament/Camp Director.

NOTARY SEAL & SIGNATURE _____ Signatures (ALL THREE REQUIRED IF INDIVIDUAL IS UNDER 21)

MINOR _____

FATHER/GUARDIAN OF MINOR _____

MOTHER/GUARDIAN OF MINOR _____

My Commission Expires _____ <OR> ADULT (21 or older) _____

DATE _____

Once this form has been completed, signed, and notarized, make a copy. The original will be given to NACA; the copy will be given to the coach. NACA charges 25-cents for each copy made.

The above-mentioned athlete is physically fit and mentally prepared to compete in the NACA Tournament/s.

_____ COACH/SPONSOR _____ COACH/SPONSOR CELL NUMBER _____

NORTH CAROLINA CHRISTIAN SCHOOL ASSOCIATION

Liability Waiver Form

This Liability Waiver Form must be completed and signed by the parent or guardian for each student athlete (including cheerleaders) before participation in any NCCSA athletic game, activity, contest, or event. The original must be on file in the school office.

PARENT/GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges the North Carolina Christian School Association (NCCSA) along with all of its agents, employees, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any NCCSA sponsored athletic game, activity, contest or event that takes place at any location approved by the North Carolina Christian School Association.

The undersigned hereby assumes all risk of injury associated with any such athletic game, activity, contest or event and fully indemnifies and holds harmless the NCCSA along with its agents, employees, directors, officers, assigns, and attorneys, from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the NCCSA along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any NCCSA sponsored athletic game, activity, contest or event that takes place at any location approved by the North Carolina Christian School Association.

This liability waiver/release applies to the following student athlete:

Student's Name: _____

who is currently enrolled in the following NCCSA member school:

School Name: _____

School Address: _____

Street

City

ZIP

Date: _____

Parent/Guardian's Signature _____

Parent/Guardian's Printed Name _____

Notice to sponsoring school: A parent or guardian of the named student athlete in NCCSA sponsored competitions must sign this document before such student can participate in any NCCSA sponsored event.